



FH
[REDACTED]

**STATE OF WISCONSIN
Division of Hearings and Appeals**

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

BCC/149182

PRELIMINARY RECITALS

Pursuant to a petition filed April 15, 2013, under Wis. Stat. § 49.45(5)(a), to review a decision by the Waukesha County Health and Human Services in regard to Medical Assistance, a hearing was held on June 04, 2013, at Waukesha, Wisconsin.

The issue for determination is whether the agency correctly discontinued Petitioner's BadgerCare+ Core benefits for failing to respond to a request for verification as to residency.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street
Madison, Wisconsin 53703

By: L. Boyenga

Waukesha County Health and Human Services
500 Riverview Avenue
Waukesha, WI 53188

ADMINISTRATIVE LAW JUDGE:

David D. Fleming
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Waukesha County.
2. The agency received information which indicated that Petitioner was not living in the state of Wisconsin. Specifically, Petitioner was using his FoodShare card in the State of Florida beginning in December 2012. That continued until April 6, 2013.

3. The agency sent Petitioner a request for verification of his residency on January 25, 2013. That was sent to his last known address in Wisconsin, [REDACTED] [REDACTED] Petitioner had until February 4, 2013 to respond.
4. Receiving no response to that verification request of January 25, 2013, the agency sent Petitioner a notice of decision dated February 18, 2013 that informed him that his BadgerCare+ Core benefits would be ending March 1, 2013. The reason for the discontinuance of those benefits was that Petitioner had not responded to that request for proof of residency.

DISCUSSION

Among other things, a person is required to be resident of Wisconsin order to get Wisconsin Medicaid benefits. Residency requires presence in Wisconsin. *BadgerCare+ Eligibility Handbook (BEH)*, §3.1. The BadgerCare+ Core program is part of the Wisconsin Medicaid program. If agency becomes aware of a change in circumstances that calls into question a basic requirement of eligibility it must seek verification. *BEH*, §9.1. Being out of state and using other benefits out of state is certainly such a questionable circumstance. I also note that a change of address must be reported within 10 days of the date of the change. *BEH*, §27.5. If there is no response to a verification request the case may be closed. *BEH*, §9.4.11.

Petitioner's own testimony indicates that he was living out of the State of Wisconsin as alleged by the agency. For the most part that was in Florida but he was apparently in Washington, D.C. for a period of time also. The address here in Wisconsin was that of his mother. He indicated that she developed health problems so he missed the January 25 request for verification. Regardless, Petitioner did not report that he was living out of State within 10 days as required, thus the only address available was that of Petitioner's mother; thus lack of a response is directly attributable to Petitioner's own failure to comply with program regulation.

CONCLUSIONS OF LAW

That the agency correctly discontinued Petitioner's BadgerCare+ Core benefits for failing to respond to a request for verification as to residency.

THEREFORE, it is

ORDERED

This appeal is dismissed.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

APPEAL TO COURT

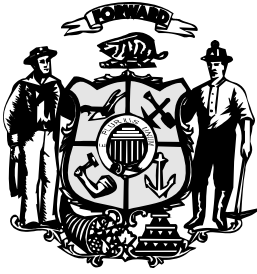
You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,
Wisconsin, this 24th day of June, 2013

\sDavid D. Fleming
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on June 24, 2013.

Waukesha County Health and Human Services
Division of Health Care Access and Accountability